

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000026686

FILED
Aug 19, 2003
Secretary of State

Entity Name: SPECTRUM COATINGS CORPORATION

Current Principal Place of Business:

323 VILLANOVA RD.
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

323 VILLANOVA RD.
VENICE, FL 34293

New Mailing Address:

FEI Number: 65-0826818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEI FINANCIAL SERVICES, INC.
5348 DREW RD.
VENICE, FL 34293 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HADNAGY, MICHAEL L
Address: 323 VILLANOVA RD
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: HADNAGY, HEATHER L
Address: 323 VILLANOVA RD
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: GIBBS, ARLO
Address: 437 SKYLARK BLVD
City-St-Zip: PT CHARLOTTE, FL 33952

Title: D () Delete
Name: XXXXXXXX, XXXXXX X
Address: XXXXXXXXXX
City-St-Zip: XXXXXX, XX XXXXX

Title: D () Delete
Name: XXXXXXXX, XXXXXXXX
Address: XXXXXXXX
City-St-Zip: XXXXXXX, XX XXXX

Title: D () Delete
Name: XXXX, XXXX
Address: XXXXXXXX
City-St-Zip: XXXXXXX, XX XX

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOBY THOMAS

VP

08/19/2003

Electronic Signature of Signing Officer or Director

_____ Date